



## American College of Preventive Medicine

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### **ACPM Endorses New Guidelines for High Blood Pressure**

*November 16, 2017 (Washington, D.C)* – The American College of Preventive Medicine (ACPM) has endorsed [new guidelines](#) on the management of high blood pressure to eliminate the classification of prehypertension and define blood pressure (hypertension) at or above 130/80 mm Hg, rather than 140/90 mm Hg. ACPM was one of 11 organizations that contributed to the development of the guidelines.

Published in [Hypertension](#) and the [Journal of the American College of Cardiology](#), the “Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults” constitute a major departure from the last set of guidelines for high blood pressure management. The changes are designed to help providers and patients prevent further increases in blood pressure by treating the condition earlier with lifestyle changes and, in some cases, medication.

Dr. Randall S. Stafford, director of the Program on Prevention Outcomes and Practices at Stanford University, represented ACPM on the writing panel and was responsible for scrutinizing sections focused on risk-based treatment, goals for hypertension management, and the use of particular medications for blood pressure control.

“Overall, I am pleased by the results of the working group,” said Dr. Stafford. “This set of guidelines is a vast improvement over previous reports. In particular, we placed an emphasis on making the document understandable and relevant to primary care physicians. However, in my opinion, an even greater emphasis on society-wide policies to help reduce blood pressure would have been useful.”

The report recommends that providers and patients now recognize blood pressure as normal when below 120/80 mm Hg; elevated when systolic is between 120-129 and diastolic is less than 80; and high when systolic is above 130 or diastolic is above 80. The classification of prehypertension has been eliminated and replaced with hypertensive levels, including Stage 1 (systolic 130-139 or diastolic 80-89), Stage 2 (systolic 140+ or diastolic 90+), and Hypertensive Crisis (systolic 180+ and/or diastolic 120+).

These new categories are expected to result in nearly half of the U.S. adult population having high blood pressure—with significant increases among adults under age 45—but only a small increase in the number of patients who will require medication. To improve prevention and diagnosis, the authors stress the importance of using proper techniques to measure blood pressure and establishing levels based on an average of two to three readings on at least two different occasions.

The report also emphasizes a population-based problem of pervasive higher-than-normal blood pressure. Deployment of aggressive non-drug strategies are recommended in both clinical settings and population-wide, including more physical activity, less dietary sodium, more dietary potassium, a largely plant-based diet, moderation of alcohol use, and weight reduction.

The guidelines were developed by the American Heart Association, American College of Cardiology, and nine other health professional organizations—including ACPM—who convened a panel of 21 scientists and health experts that reviewed more than 900 published studies.

In addition, ACPM is involved in efforts to explore the role of providers in implementing specific, evidence-based interventions to address six priority chronic health conditions—including high blood pressure—as part of the Centers for Disease Control and Prevention’s (CDC) [6|18 Initiative](#). The identified interventions form the starting point of discussions with purchasers, payers, and providers to improve health and control costs. Earlier this year, ACPM presented a [webinar](#) on the CDC’s efforts to control high blood pressure nationwide, specifically highlighting the role of a preventive medicine physician engaged in the initiative.

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The [American College of Preventive Medicine](#) is a professional society providing leadership in research, professional education, development of public policy, and enhancement of standards of preventive medicine for and on behalf of its physician members. Uniquely trained in both clinical medicine and public health, preventive medicine specialists are equipped to understand and reduce the risks of disease, disability, and death in individuals and population groups.